L12000045580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/13/12--01035--017 **130.00

EFFECTIVE DATE 08-10-12

12 AUG 13 PM 2:55

TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 14 2012

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PARK CAFE LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRAHMA DOOBAY
Name of Person

PARK CAFE
Firm/Company

450 CARILLON PKWY R 200
Address

SAINT PETERSBURG FLORIDA 33716
City/State and Zip Code

PARKSCAFE @ HOTMAIL . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRAHMA DOOBAY at (727) 776 2433
Name of Person Area Code & Daytime Telephone Number

12 AUG 13 PM 2:5

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☑ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

PARK CAFE L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

450 CARILLON PKWY
R 200
ST. PETERSBURG FL. 33716

Mailing Address:

PARK CAFE
450 CARILLON PKWY R 200
SAINT PETERSBURG FL 33716

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

BRAHMA DOOBAY
Name

7301 PINELAND DR
Florida street address (P.O. Box **NOT** acceptable)

WESLEY CHAPEL FL 33544
City, State, and Zip

FILED
AUG 13 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Brahma Doobay
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
MGR	BIBI DOOBAY 7301 PINE LAND DR. WESLEY CHAPEL FL 33544
MGR	BRAHMA DOOBAY 7301 PINE LAND DR. WESLEY CHAPEL FL 33544
MGRM	RAVINA DOOBAY 7301 PINE LAND DR WESLEY CHAPEL FL 33544
MGRM	DHANESH DOOBAY 7301 PINE LAND DR WESLEY CHAPEL FL 33776

"MGR" = Manager
"MGRM" = Managing Member

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08-10-2012. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

12 AUG 13 PM 2:55

REQUIRED SIGNATURE:

Ravina Doobay
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ravina Doobay
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)